

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Medical & Classification Center	
Name of Department or Office	
PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lowell Brandt	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Private Donations	
Name	
Beverly Huffman - IMCC, PO Box	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

March 2008	\$ 59.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Books, DVD set --- for use by offenders in the prison chapel and on units.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimeyer affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Larry Brimeyer
Signature

4-22-08
Date

Revised 08/05

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Iowa Medical & Classification Center	
Name of Department or Office	
PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lowell Brandt	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Private Donations	
Name	
Beverly Huffman - IMCC, PO Box	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

March January 2008	\$ 150.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Books --- for use by offenders in the prison chapel and on units.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimmer affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Larry Brimmer
Signature

4-22-08
Date

Revised 06/05

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Iowa Medical & Classification Center	
Name of Department or Office	
PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lowell Brandt	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Kenneth Copeland Ministries
Name
Beverly Huffman - IMCC, PO Box Oakdale, IA 52319
Mailing Address
319-626-2391
Area Code & Telephone Number
beverly.huffman@iowa.gov
Email Address (optional)

March January 2008	\$ 864.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Books --- for use by offenders in the prison chapel and on units.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimeyer affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

4-22-08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

310 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lowell Brandt	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Kenneth Copeland Ministries	
Name	
Beverly Huffman - IMCC, PO Box	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

January 2008	\$ 240.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

24 Holy Bibles

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimeyer affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

4-22-08

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Lowell Brandt	
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Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Kenneth Copeland Ministries	
Name	
Beverly Huffman - IMCC, PO Box	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

January 2008	\$ 270.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

71 music CDs; 1 Bible; 500 calendars --- for use by offenders in the prison chapel and on units

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimner affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

4-22-08

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Lowell Brandt	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Kenneth Copeland Ministries	
Name	
Beverly Huffman - IMCC, PO Box	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

January 2008	\$ 50.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

1-VHS; 3 CDs; 1 Cassette Set --- for use by offenders in the prison chapel and on units

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Larry Brimeyer affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Larry Brimeyer
Signature

4-22-08
Date

PO Box A, Hwy 965, Oakdale, IA 52319

[illegible]